



ERNEST D. DAVIS
Mayor

DAMIA HARRIS MADDEN, MS
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL- ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
[HTTP://YOUTH.CMVNY.COM](http://youth.cmvny.com)
[FACEBOOK.COM/MVYOUTHBUREAU](https://www.facebook.com/mvnyouthbureau)
PH (914) 665-2344 – (914) 665-2346 --FAX (914) 665-1373

2014 Summer Youth Employment Application

Please complete both front and back of the 2014 Summer Youth Employment Application. In addition, please make sure all original documents requested below along with the completed application are returned during the week of April 7th thru April 10th between the hours of 3:00 pm - 4:00 pm to the Youth Bureau, room 307. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR EMPLOYMENT INTO THE PROGRAM. EMPLOYMENT IS VERY COMPETITIVE.

Number the boxes in the order that INTEREST you the most. One for the most interested and five for the least interested: ** YOU MUST BE AT LEAST 16 YEARS OLD TO WORK AT A CHILDCARE OR DAYCARE FACILITY

CHILD CARE HEALTHCARE MAINTENANCE OFFICE WORK TUTORING CAMP COUNSELOR

YOU MUST SUBMIT THE FOLLOWING ORIGINAL DOCUMENTS WITH THIS APPLICATION

1. BIRTH CERTIFICATE OR PASSPORT
 2. SOCIAL SECURITY CARD
 3. WORK PERMIT (If under 18)
 4. SCHOOL ID (Applicant must be in school) OR PASSPORT
 5. LAST ISSUED REPORT CARD (NO progress reports will be accepted)
 6. PROOF OF RESIDENCE (Parent's most current utility, phone bill, parent's driver license, or learner's permit).
 7. PROOF OF INCOME-parent's 2 recent pay stubs or a letter from their employer on company's letterhead stating their annual income and the number of years the parent have been employed by the company. If you are receiving public assistance, please provide proof of benefits or public assistance. Also, please provide a birth certificate and a social security card for everyone as proof of how many are living in the household. **This is necessary for our funding source.**
 8. PROOF OF DRAFT REGISTRATION (For all males over the age of 18 years old). Please print verification from www.sss.gov
 9. ALIEN REGISTRATION CARD- If you are not a citizen (Federal funds require that you must have entered the United States on or before 1/1/2007)
- *** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

"The City that Believes"



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A completed application will be collected by a Mount Vernon Youth Bureau staff member. Applicants will be interviewed at a later date and then selected to participate in the 2014 Summer Youth Employment Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. All information provided will be treated with confidentiality. ONLY A COMPLETED APPLICATION WITH ORIGINAL DOCUMENTS WILL BE ACCEPTED. * Only one applicant will be employed per household, if selected.

1. Last Name _____ 2. First Name _____ 3. Middle (Int.) _____

4. Social Security Number _____ 5. Date of Birth ____/____/____ 6. Gender ___ Male ___ Female _____ 7. Age _____ 8. Grade/School _____

9. Citizenship Status (Check One): U.S. Citizen ___ Permanent Resident Alien ___ Other ___ Alien # _____

10. Address _____ 11. Apt. _____ 12. City _____ 13. Zip Code _____

14. Applicant's Contact # _____ 15. Applicant's email address _____

16. Name of Parent or Legal Guardian _____ 17. Emergency # _____

18. Ethnicity (Circle One): American Indian; Pacific Islander ; Asian; White ; Black ; Hispanic/Latino ; Other _____

19. Other than English, what other language(s) are you most comfortable speaking? _____

20. Current Educational Status: Middle School ___ HS ___ HS Graduate ___ College Student ___ GED Recipient ___ Left HS before graduating ___ Other ___ Explain, _____

21. Is the applicant any of the following? (Check all that apply) Disabled ___ Foster Care ___ Homeless ___ Runaway ___ Offender/ Court Involved ___ Parent ___ Served in Military ___ Other _____

22. Is applicant or applicant's family currently receiving public assistance? Yes ___ No ___ If no, skip question 23.

23. Type of Public Assistance (Check all that apply): Food Stamp ___ S.S.I ___ S.S.D. ___ Child Support ___ Retirement or Pension ___ Family Assistance ___ Safety Net/Home Relief ___ Other ___

24. Annual family income (gross) \$ _____ .00 25. Number of family living in the household _____

26. Previous work experience? Yes ___ No ___ If yes, when? _____ Where? _____ Duties? _____

Applicant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____